



Continuing Education Program
Registration Form

(Please Print)

Classroom Course Registration: _____

Check if there is a change in name, address or employer ___ Course Date: _____

Course Location: **City of Raleigh (Litchford Office)**

ID #: _____ Certificate #: _____ License #: N/A

Course #: _____ Sponsor #: _____ Course Fee: _____

Course Title: _____

Last Name: _____

First Name: _____

Middle Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Business Phone: () _____ - _____

Business Name: _____

Business Address: _____

Email Address: _____

Instructor Signature: _____ Date: _____

“Designing the foundation of public safety, health and welfare through education”

continuinged@raleighnc.gov

8320 Litchford Road, Suite 130, Raleigh, NC 27615

Fax 919-516-2684